



Financial Affairs Division

Arizona Department of Insurance

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Phone: (602) 364-3999

Web: <https://insurance.az.gov>

ANNUAL STATEMENT WORKSHEET FOR DOMESTIC UNAFFILIATED CREDIT LIFE AND DISABILITY REINSURER

ENTER THE CALENDAR YEAR FOR THIS ANNUAL STATEMENT WORKSHEET: _____

COMPANY: _____ NAIC#: _____ DOMICILE: AZ

Initial if
Enclosed
↓ ↓ ↓

Initial at left for each item enclosed with Annual Statement

AGENCY
Use
Only
↓ ↓ ↓

- A. **Annual Statement** – 8-1/2" X 14" (Proper color jacket, securely bound in two-sided book form)

MUST INCLUDE THE FOLLOWING TO BE COMPLETE:

1. Jurat Page
 - a. TWO executive officer original signatures (Names **must** be listed on Jurat Page)
 - b. Notary signature and stamp or seal

THE FOLLOWING REPORTS MUST BE ATTACHED TO THIS WORKSHEET:

- B. **Form E-UCLDR.CERT** Annual Certification and Affidavit of Verification

MUST INCLUDE TO BE COMPLETE:

1. Original signatures of President & Secretary or provide a Corporate Resolution of Authorization for signers other than President & Secretary
2. Notary signature and stamp or seal

- C. Copy of Financial Institution Statement of Trust Deposit and/or a copy of Letter(s) of Credit that secure reserves as required by ARS § 20-1094.01. If funds are withheld by ceding insurers, provide a copy of the cession statement(s) disclosing the amount of funds withheld

- D. **Form E-178 Certificate of Disclosure**

MUST BE FILED ELECTRONICALLY and INCLUDE THE FOLLOWING TO BE COMPLETE:

1. Part A must be answered *yes* or *no* (If *yes*, must have attachment)
2. Part B must be answered *yes* or *no* (If *yes*, must have attachment)
3. TWO executive officer original signatures (Names **must** be on Jurat Page)
 - a. Notary signature and stamp or seal

PREPARED BY:

Name and Title

Phone Number

Email address